

Inglewood Community Resource Centre Inc.

PO Box 94, Inglewood. Vic. 3517

T | (03) 5438 3562 F | (03) 5438 3260 M | 0418 278 666

E | icrc.coordinator@inglewoodcrc.com.au

ABN | 30 237 509 439

'Building a Connected Community'



FARM CHEMICAL USERS COURSE

Course Code: S41FCUC01

Study Area: Agriculture

Over this three day course, participants will receive training in the basic skills and knowledge to select, purchase, transport, store, record and use agricultural and veterinary chemicals responsibly. Completion of this course is required before participants can be issued with an Agricultural Chemical Users Permit (ACUP) from the Department of Primary Industries (DPI) and for people using chemicals within most QA programs.

WHEN: 19TH, 20TH & 21ST MARCH 2013

WHERE: THE ROYAL HOTEL, 67 BROOKE STREET, INGLEWOOD

TIME: 9.00AM TO 4.00PM – TUESDAY, WEDNESDAY & THURSDAY
(THURSDAY IS PRACTICAL ASSESSMENT DAY – TIME REQUIRED WILL BE SET BY YOUR TRAINER)

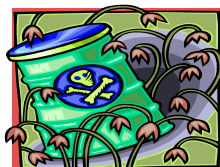
COST: \$480.00 PER PERSON

NOTE: GOVERNMENT SUBSIDIES APPLY - \$246.00 IF YOU ARE ELIGIBLE!
ASK US FOR MORE INFORMATION

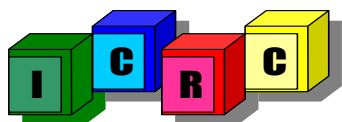
MORNING AND AFTERNOON TEA IS PROVIDED
(LUNCH SPECIALS AVAILABLE TO PURCHASE FROM THE HOTEL)

RTO: 

TRAINER: MR MARTIN BRENNAN



**FOR FURTHER INFORMATION OR TO ENROL, CONTACT THE
ADMINISTRATION TEAM FROM ICRC ON 5438 3562 OR EMAIL US AT
icrc.coordinator@inglewoodcrc.com.au**



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ENROLMENT FORM

This form and payment are required to secure your place in a course. Full payment must be made before the first class, unless instalments have been agreed in advance. The fee will be returned if the course is fully booked or cancelled.

Name _____
(First Names) (Last name)

Address _____

_____ Postcode _____

Phone No () _____ (H) () _____ (W) _____ (M)

Email _____

Date of Birth ____/____/____ **Female / Male** (please circle)

If not born in Australia: How well do you speak English? (Please tick one of the following)

Very well Well Not well Not at all

Are you an Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, Torres Strait Islander

Do you have a disability? No Yes (If yes please tick below all areas that apply)

Hearing/deafness Physical Intellectual
 Mental illness Acquired brain impairment Vision
 Medical condition Other

Please let us know if you require assistance to access courses.

In case of emergency please tell us who we should contact on your behalf:

Name	Relationship to you	Phone contact details
		BH
		MOBILE
		AH

Enrolment Details

COURSE/S BOOKING _____ COST _____ CASH/CHEQUE _____ RECEIPT NO. _____

BENDIGO BANK EFT DETAILS; BSB: 633 000 ACCOUNT NUMBER: 116845272

Office

TODAY'S DATE ____/____/____

Name of person taking enrolment/payment : _____

PRIVACY: ICRC respects your right to information privacy. Information that we collect & hold about learners is kept in accordance with our privacy policy and information privacy laws. Please contact us if you would like more information about our privacy policy.